



City of San Diego  
Planning and Development Review  
1222 First Ave.  
San Diego, CA 92101  
(619) 446-5081

# Board of Appeals & Advisors Application

CASE NUMBER

INSTRUCTIONS	1. The Board of Appeals & Advisors is legally empowered to (1) investigate and advise on the suitability of alternate materials and types of construction, (2) provide reasonable interpretations of the building laws where the meaning may be obscure, and (3) recommend new legislation to the City Council. The Board may recommend approval of minor deviations of the building laws in certain cases.	Such appeal may be withdrawn by the applicant, provided the withdrawn by the applicant, provided the withdrawal request is in writing.
	2. All appeals to the Board must be within the scope of authority described above. Only those items requested in writing in this appeal will be considered. Any appeal which has been submitted to the Board for consideration requires action by the Board.	
	3. Hearings are open for public attendance. You will be notified of the hearing date.	
	4. Address all communications to: Board of Appeals & Advisors, Development Services, City Operations Building, Mail Station 401, 1222 First Avenue, San Diego, California 92101-4154. Telephone (619) 236-6366. THIS FORM MUST BE SIGNED BY THE OWNER.	

**APPLICANT: Fill in below this line. This application must be typewritten.**

INFORMATION	Job Address		Lot	Block	Subdivision	Unit
	Owner's Name	Owner's Mailing Address	ZIP Code		Telephone No.	Job Status
	Designer's Name	Designer's Mailing Address	ZIP Code		Telephone No.	<input type="checkbox"/> Proposed
	Existing Use	Proposed Use	Plan File No.		<input type="checkbox"/> Under Const.	
					<input type="checkbox"/> Compl. New Bldg.	<input type="checkbox"/> Existing Bldg.

REQUEST	Clearly define all items required in the appeal. Submit if necessary to illustrate request.	Plans submitted with request? <input type="checkbox"/> Yes <input type="checkbox"/> No

JUSTIFICATION	State why it is necessary or desirable that this request be approved, and what arrangement, device, or construction is proposed as equivalent to that required.
	Signature of OWNER or Company Officer ONLY
	If Company Officer – Indicate Name and Function (Please Print)

If additional space is required, attach separate sheet.

This information is available in alternative formats for persons with disabilities.  
To request this information in alternative format, call (619) 446-5446 or (800) 735-2929 (TDD)